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APPLICATION NO.	FILING DATE	FILING DATE		OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/632,028 07/31/2003			Andrew J. Ries P0009173.00 G A LEAD AND AN IMPLANTABLE MEDICAL DEVICE				9663		
APPLN. TYPE S	MALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	IE EEE TOI	TAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	ETEL 10	\$1810		01/19/2010	
EXAMINER	•		CLASS-SUBCLASS	7		\$10.10		0,47 10,2010	
ALTER, ALYSSA MARGO		ART UNIT 3762	607-037000						
1. Change of correspondence address or indication of "Fee Address" (37			2. For printing on th	e patent front page, li	st	made is t	s	^ <i>(</i> ()	
CFR 1.363). Change of corresponder Address form PTO/SB/122	nce address (or Chang) attached.	ge of Correspondence	or agents OR, altern	to 3 registered pater atively, agle firm (having as	•	1 M 1 (A 6	<u> او ا</u>	<u>C.</u> Sølanei	
"Fee Address" indicatio PTO/SB/47; Rev 03-02 or Number is required.	n (or "Fee Address" I more recent) attached	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
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PLEASE NOTE: Unless a recordation as set forth in 3	n assignee is identifi 7 CFR 3.11. Comple	ed below, no assignee tion of this form is NO	data will appear on the T a substitute for filing	patent. If an assign an assignment.	nee is identifie	ed below, the do	cument	has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CI	TY and STATE OR (
Medbron			nneapoli.	•					
Please check the appropriate as	ssignee category or ca	ategories (will not be pr	rinted on the patent):	☐ Individual 💹 C	orporation or	other private grou	up entity	Government	
4a. The following fee(s) are su Substitute See			o. Payment of Fee(s): (P						
Publication Fee (No sma	Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (1982) (enclose an extra copy of this form).								
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a. Applicant claims SMA			b. Applicant is no l						
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This collection of information in application. Confidentiality submitting the completed applins form and/or suggestions for 30x 1450, Alexandria, Virgini Alexandria, Virginia 22313-14	or reducing this burde a 22313-1450, DO N 50.	n, should be sent to the OT SEND FEES OR (e Chief Information Off COMPLETED FORMS	icer, U.S. Patent and TO THIS ADDRESS	Trademark O S. SEND TO:	of fice, U.S. Depart Commissioner for	e you re tment o or Patent	ISPTO to process) ng, preparing, and squire to complete f Commerce, P.O. is, P.O. Box 1450,	
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Andrew J. Ries

Examiner:

Alyssa Alter

Serial No.

10/632,028

Group Art:

3762

Filing Date:

07/31/2003

Docket No.:

P0009173.00

Conf. No.:

9663

Title:

Connector Assembly For Connecting A Lead And An

Implantable Medical Device

FEE ADDRESSEE FOR RECEIPT OF PTO NOTICES RELATING TO MAINTENANCE FEES

Mail Stop M Correspondence

Director of the US Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

This letter is to specify that the FEE ADDRESSEE for this patent is as follows:

Master Data Center 300 Franklin Center 29100 Northwestern Southfield, Michigan 48034-1095 U.S.A.

Payor Number: 000124

Any prior FEE ADDRESSEE for the above-identified U.S. patent is hereby revoked.

The above-identified U.S. patent was assigned to Medtronic, Inc., a Minnesota corporation, 710 Medtronic Parkway N.E., M.S. LC340, Minneapolis, Minnesota 55432. The Assignment was filed with the United States Patent and Trademark Office on 12/22/2003, REEL/FRAME 014823/0812. It is certified that the person whose signature appears below has the authority to change the FEE ADDRESSEE for this patent.

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Respectfully submitted

Michael C. Soldner

Reg. No. 41,455

Telephone: (763) 526-0929

Customer No. 27581